

EXHIBIT 602.3

STATE OF CALIFORNIA

COUNTY OF SANTA CRUZ

SANTA CRUZ, CALIFORNIA

CERTIFICATE OF DEATH

3200844000402

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. LAST (Family)	
DANIEL		MCCORNACK	
3. MIDDLE		4. DATE OF BIRTH - mm/dd/yyyy	
ELWIN		02/15/1963	
5. AGE Yrs		6. SEX	
45		M	
7. BIRTH STATE/FOREIGN COUNTRY		8. SOCIAL SECURITY NUMBER	
CA		555-51-7837	
9. EDUCATION - Highest Level Degree		10. MARITAL STATUS (at Time of Death)	
HS GRADUATE		MARRIED	
11. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		12. DECEDENT'S RACE - 1 to 5 races may be listed (see instructions on back)	
PLANT MANAGER		CAUCASIAN	
13. DECEDENT'S RESIDENCE (Street and number or location)		14. YEARS IN COUNTY	
6255 PEACHY CANYON RD.		25	
15. CITY		16. STATE/FOREIGN COUNTRY	
PASO ROBLES		CA	
17. INFORMANT'S NAME, RELATIONSHIP		18. INFORMANT'S MAILING ADDRESS (Street and number or location, city or town, state, zip)	
KATHY MCCORNACK, WIFE		6255 PEACHY CANYON RD., PASO ROBLES, CA 93448	
19. NAME OF SURVIVING SPOUSE - FIRST		20. LAST (Family Name)	
KATHY		ESPARZA	
21. NAME OF FATHER - FIRST		22. MIDDLE	
RALPH		MICHAEL	
23. NAME OF MOTHER - FIRST		24. MIDDLE	
LINDA		EILEEN	
25. DISPOSITION DATE - mm/dd/yyyy		26. PLACE OF FINAL DISPOSITION	
03/28/2008		45 NACIMIENTO LAKE DR., PASO ROBLES, CA 93448	
27. TYPE OF DISPOSITION		28. RIGOR OF DEATH	
BU		NOT EMBALMED	
29. NAME OF FUNERAL ESTABLISHMENT		30. LICENSE NUMBER	
KUEHL-NICOLAY FUNERALS AND CREM.		FD68	
31. PLACE OF DEATH		32. DATE - mm/dd/yyyy	
CAMP SITE		03/27/2008	
33. COUNTY		34. DEATH REPORTED TO CORONER	
SANTA CRUZ		YES	
35. CAUSE OF DEATH		36. DEATH REPORTED TO CORONER	
IMMEDIATE CAUSE (1) CARDIAC ARREST		YES	
(2) VENTRICULAR ARRHYTHMIA		NO	
(3) ATRIAL FIBRILLATION		YES	
(4) HYPERTENSIVE AND ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE		NO	
(5) EXOGENOUS OBESITY		YES	
(6) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT LISTED IN THE IMMEDIATE CAUSE OF DEATH		NO	
37. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 10? (If yes, state the operation and date)		38. DEATH REPORTED TO CORONER	
NO		YES	
39. SIGNATURE AND TITLE OF PHYSICIAN		40. SIGNATURE AND TITLE OF CORONER/DEPUTY CORONER	
Poli Namkung, M.D.		NAOMI SILVA, DEPUTY CORONER	
41. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		42. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER	
		NAOMI SILVA, DEPUTY CORONER	
43. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		44. INJURED AT WORK?	
MANNER OF DEATH: (1) Natural (2) Accidental (3) Homicide (4) Suicide (5) Pending Investigation (6) Could not be determined		YES	
45. PLACE OF INJURY (e.g., home, construction site, school, arena, etc.)		46. INJURY DATE - mm/dd/yyyy	
		03/27/2008	
47. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		48. HOUR (24 Hour)	
		0052	
49. LOCATION OF INJURY (Street and number, or location, and city, and zip)		49. SIGNATURE OF CORONER/DEPUTY CORONER	
		NAOMI SILVA	
50. SIGNATURE OF CORONER/DEPUTY CORONER		51. DATE - mm/dd/yyyy	
NAOMI SILVA		03/27/2008	
52. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER		53. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER	
NAOMI SILVA, DEPUTY CORONER		NAOMI SILVA, DEPUTY CORONER	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SANTA CRUZ

DATE ISSUED APR 07 2008

000188370

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Santa Cruz County Public Health Department.

Poli Namkung
CHIEF PUBLIC HEALTH OFFICER
SANTA CRUZ, CALIFORNIA

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

EXHIBIT 3
Deponent Mason
Date 10/1/08 pr. RAH